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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/018,733
	Filing Date	March 28, 2002
	First Named Inventor	Dimitri Caplygin
	Art Unit	3736
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	HALFOR 3.3-002

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: _____ Please change the correspondence address for the above-identified application to: The address associated with Customer Number: _____**OR**

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Dimitri Caplygin		
Signature			
Date	Telephone		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.

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Dated: 2/9/2005 Signature: (Raymond B. Churchill, Jr.)

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/018,733
Filing Date	March 28, 2002
First Named Inventor	Dimitri Caplygin
Title	SYSTEM FOR ENHANCEMENT OF NEUROPHYSIOLOGICAL, etc.
Art Unit	3736
Examiner Name	Not Yet Assigned
Attorney Docket No.	HALFOR 3.3-002

I hereby appoint:

 Practitioners associated with the Customer Number: 000530

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Name	Registration Number	Name	Registration Number

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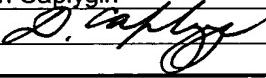
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Individual Name Address City State Zip Country Telephone Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Dimitri CaplyginSignature Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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